

MDCH Chemical Event Epidemiologic Data Collection Form – Event

Interviewer ID _____

Event Information – For documentation of known events.

EVENT NUMBER _____ - _____ - _____ (county code - year - event)

DATE _____ / _____ / _____

TIME _____ : _____ am
pm

NUMBER OF PEOPLE			ASSOCIATED EVENTS
			Was this event associated with other events?
	<u>Estimated</u>	<u>Actual</u>	Event Numbers:
EXPOSED _____	"	"	Basis for Association:
DECONTAMINATED _____	"	"	
ILL OR INJURED _____	"	"	

LOCATION

PRIMARY LOCATION _____

STREET _____

GPS LAT _____ N

CITY _____

GPS LONG _____ W

COUNTY _____ ZIP _____

LOCATION TYPE (Description of location where event/release started. Example: public building, private building, mall, school, public event, road, bridge.)

WEATHER	GENERAL CONDITIONS	TEMP	WIND SPEED	WIND DIRECTION	HUMIDITY	BAROMETRIC PRESSURE
	(sun, clouds, rain)	°F	mph		%	inches

ADDITIONAL IMPACTED LOCATION

(Brief description of additional location involved in event/release. GPS LAT, GPS LONG, Location Type, Weather)

RELEASE

ENVIRONMENT (Check all that apply)

- " Indoor
- " Outdoor
- " Other (Specify)
- " Unk

TYPE (Check all that apply)

- " Spill
- " Volatilization
- " Aerosolized
- " Fire
- " Explosion
- " Other (specify) _____

CONTRIBUTING FACTORS (Check all that apply)

- " Intentional/illegal act
- " Human error
- " Equipment failure
- " Weather/natural disaster
- " Unknown
- " Other (specify) _____

EVENT NARRATIVE (Brief description of event and distinguishing characteristics)

SUBSTANCES

TOTAL NUMBER OF KNOWN SUBSTANCES REPORTED FOR THIS EVENT: _____ Known (Identify on next page)

APPROXIMATE NUMBER OF UNKNOWN SUBSTANCES REPORTED FOR THIS EVENT: _____ Unknown

CONFIDENTIAL DATA

(Continued on back)

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SUBSTANCE 1

CHEMICAL NAME OR TRADE NAME _____

CAS NUMBER _____ QUANTITY RELEASED _____

**SUBSTANCE SPECIFIC
RELEASE TYPE**

- " Spill
- " Volatilization
- " Aerosolized
- " Fire
- " Explosion
- " Other (specify) _____

POTENTIAL HEALTH EFFECTS**SUBSTANCE 2**

CHEMICAL NAME OR TRADE NAME _____

CAS NUMBER _____ QUANTITY RELEASED _____

**SUBSTANCE SPECIFIC
RELEASE TYPE**

- " Spill
- " Volatilization
- " Aerosolized
- " Fire
- " Explosion
- " Other (specify) _____

POTENTIAL HEALTH EFFECTS**SUBSTANCE 3**

CHEMICAL NAME OR TRADE NAME _____

CAS NUMBER _____ QUANTITY RELEASED _____

**SUBSTANCE SPECIFIC
RELEASE TYPE**

- " Spill
- " Volatilization
- " Aerosolized
- " Fire
- " Explosion
- " Other (specify) _____

POTENTIAL HEALTH EFFECTS**SUBSTANCE 4**

CHEMICAL NAME OR TRADE NAME _____

CAS NUMBER _____ QUANTITY RELEASED _____

**SUBSTANCE SPECIFIC
RELEASE TYPE**

- " Spill
- " Volatilization
- " Aerosolized
- " Fire
- " Explosion
- " Other (specify) _____

POTENTIAL HEALTH EFFECTS

(Use additional sheets to identify more than 4 substances.)